MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1			
2	1		1			
3		2		2		
4		2		2		
5		(1)		1		
6		1		1		
7		1		1		
8		2		1		
9		2		1		
10		2		2		
11		2		2		
12		(1)		2		
13		1		2		
14		1		1		
15		1		1		
16		2		2		
17		2		2		
18		2		2		
19		2		2		
20		2		2		
21		2		2		
22		2		2		
23		2		2		
24		2		2		
25		2		2		
26		2		2		
27		2		2		
28		2		2		
29		2		2		
30	1		1			
31			1	1		
32			1	1		
33			1	1		
34			1	1		
35	1		1			
36	1		1			
37	1					
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			51			
TOTAL CLAIMS			57			

CLAIM	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
51						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
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